Case 1:05-cv-00172-\$JM-SPB Document 29-2 Filed 08/17/2006 Page 1 of 4 DC-804 Part 1 JUN 0 8 2004 FOR OFFICIAL USE ONLY **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS** SUPERINTENDENT P.O. BOX 598 GRIEVANCE NUMBER CAMP HILL, PA 17001-0598 OFFICIAL INMATE GRIEVANCE TO: FACILITY GRIEVANCE COORDINATOR DATE: FACILITY: SCIP SIGNATURE of INMATE: FROM: (INMATE NAME & NUMBER) LUT R-7 HOUSING ASSIGNMENT: LERGY RILEY FORE72 WORKASSIGNMENT: A1015 INSTRUCTIONS: 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. (6/7/04) I was Found Coulty of a class I assutt misseen but (10 Gasten) I was Frond Guilty Based on ESI Clames to Being in that Cocation to HEAR AN ARgement And the seems of some one Being Hat I know this can not Be from because this Insubout fock Place At 0700 5/27/04 And the JAI was lock Down For count C/o CASION Clames 2 CST CORNTABERATED Then Steps MATCH There NO Sign Statment OR VDIC RECOED CX CSE to SUBSTANSHOOT thee Claims I AM REGUESTING AN INCREPENDENT INVESTIGATION OF THESE 2 CST If They truly exsest And where where they Possision when They Heard the Argement This is not free And A Misserarge of
They Heard the Argement This is not free And A Misserarge of
Ustice

I'm Am Being Denied Due Prosse. 35 under the 14th Angeld
to have aitness come feeth.

List actions taken and staff you have contacted before submitting this B. List actions taken and staff you have contacted, before submitting this grievance. APEAL PENDING

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

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Date

Staff Member Name

Print

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SUPERIN LEV	Dent Off(P
Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
	INSTRUCTIONS
Super intendent	Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
To: (Name and Title of Officer)	2. Date: 12/0/04
3. By: (Print Inmate Name and Number)	4. Counselor's Name
3/200	5. Unit Manager's Name
Inmate Signature	1/0/10010
	7. Housing Assignment
6. Work Assignment Block Worker	B/605
8. Subject: State your request completely but briefly. Give details.	
Massa Read What's IN Closed	
p-1411-56 10115 00115 13 10110	
Property State of the State of	
SCI-PITISBURGH	
	ISSUL
JAN 0 5 2005	OVERFURN
SUPERINTENDENT	i) is affinery
ASSISTANTII	Confiction
A Street Mark supplied that A.A.	
9. Response: (This Section for Staff Response Only)	
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
Staff Member Name /	Date
Print	Sign

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI-PITTSBURGH (412) 761-1955 January 5, 2005

Subject:

**Misconduct Appeal** 

To:

Leroy Riley, FQ-8672

From:

Thomas W. Seiverling

Superintendent Assistant

This is in response to your communication to Supt. Stowitzky. I have reviewed both your institutional record and the files in the superintendent's office and I can find no indication that any appeal of misconduct #A602109 was ever received by the superintendent. As of this date, the time period for appealing this issue has long since expired.

**TWS** 

cc: DC-15